

## **First Responder, EMT –B, and EMT-BA Practical Examination Coordinators' Manual.**

The following thirteen (13) skills (four (4) EMT-BA and eight (8) FR) were identified as being the minimum number of performance items that should be included in every practical examination.

### **EMT Basic**

1. Patient Assessment Management – Trauma
2. Patient Assessment Management - Medical
3. Cardiac Arrest Management / AED
4. Non Visualized Airway
5. Spinal Immobilization - Supine Patient
6. Spinal Immobilization - Seated Patient
7. Long Bone Injury Immobilization
8. Joint Injury Immobilization
9. Traction Splint Immobilization
10. Bleeding Control / Shock Management
11. Upper Airway Adjuncts, Suction
12. Mouth-to-Mask with Supplemental Oxygen
13. Supplemental Oxygen Administration

### *EMT- Basic Advanced*

1. *Patient Assessment Management – Trauma*
2. *Patient Assessment Management – Medical*
3. *Cardiac Arrest Management*
4. *Intravenous Therapy*

### *First Responder*

1. *Patient Assessment Management – Trauma*
2. *Patient Assessment Management - Medical*
3. *Cardiac Arrest Management / AED*
4. *Non Visualized Airway*
5. *Spinal Immobilization - Supine Patient*
6. *Spinal Immobilization - Seated Patient*
7. *Long Bone Injury Immobilization*
8. *Joint Injury Immobilization*
9. *Traction Splint Immobilization*
10. *Bleeding Control / Shock Management*
11. *Upper Airway Adjuncts, Suction*
12. *Mouth-to-Mask with Supplemental Oxygen*
13. *Supplemental Oxygen Administration*

## **Organizing the Examination**

### **A. Examination Stations**

The practical examination consists of seven (7) stations -- Six (6) mandatory stations and one (1) random skill station. The mandatory and random skill stations consist of both skill based and scenario based testing. The random skill station is conducted so the candidate is totally unaware of the skill to be tested until he / she arrives at the test site.

The candidate will be tested individually in each station and will be expected to direct the actions of any assistants who may be present in the station. The candidate should pass or fail the examination based solely on his / her actions and decisions.

The following is a list of the stations and their established time limits. The maximum time is determined by the number and difficulty of tasks to be completed. Each station has an overall time limit; the examiner will inform the candidate of this during the reading of the instructions. When they reach the time limit, the skill station examiner will inform them to stop their performance. However, if the candidate completes the station before the allotted time, they should then inform the examiner that they are finished. The candidate may be asked to remove equipment from the patient before leaving the skill station.

Candidates are not permitted to discuss any details of any scenario with each other at any time. To be courteous to the candidates who are testing keep all excess noise to a minimum. Candidates should be prompt in reporting to each station so that we may complete this examination within a reasonable time period.

<b><u>Skill to be Tested</u></b>	<b><u>EMT Basic</u></b>	<b><u>Maximum Time Limit</u></b>
<b>Station 1:</b>	Patient Assessment Management - Trauma	10 min
<b>Station 2:</b>	Patient Assessment Management - Medical	10 min
<b>Station 3:</b>	Cardiac Arrest Management	10 min
<b>Station 4:</b>	Non-Visualized Airway	10 min
<b>Station 5:</b>	Spinal Immobilization - <u>Supine</u> Patient	10 min
<b>Station 6:</b>	Spinal Immobilization - <u>Seated</u> Patient	10 min
<b>Station 7:</b>	One Random Basic Skill listed below	
	Long Bone Injury	5 min
	Joint Injury	5 min
	Traction Splint	10 min
	Bleeding Control / Shock Management	10 min
	Upper Airway Adjuncts and Suction	5 min
	Mouth-to-Mask with Supplemental Oxygen	5 min
	Supplemental Oxygen Administration	5 min

The random skill that is to be tested will be decided on by the Indiana Emergency Services Commission Staff. The examination coordinator will be informed of the skill prior to the beginning of the examination process, by the State Examination Representative.

<b><u>Skill to be Tested</u></b>	<b><u>EMT-Basic Advanced</u></b>	<b><u>Maximum Time</u></b>
<b>Station 1:</b>	<i>Patient Assessment Management - Trauma</i>	<i>10 min</i>
<b>Station 2:</b>	<i>Patient Assessment Management - Medical</i>	<i>10 min</i>
<b>Station 3:</b>	<i>Cardiac Arrest Management / AED</i>	<i>10 min</i>
<b>Station 4:</b>	<i>Intravenous Therapy</i>	<i>6 min</i>

<b><u>Skill to be Tested</u></b>	<b><u>First Responder</u></b>	<b><u>Maximum Time</u></b>
<b>Station 1:</b>	<i>Patient Assessment Management – Trauma / Medical</i>	<i>10 min</i>
<b>Station 2:</b>	<i>Cardiac Arrest Management / AED</i>	<i>10 min</i>
<b>Station 3:</b>	<i>Patient Handling</i>	<i>10 min</i>
<b>Station 4:</b>	<i>Airway</i>	<i>6 min</i>

## **B. Selection of a Test Facility**

It is important that the testing stations are set up in such a way to prevent candidates from observing the patient management problems prior to the time of their testing. The facility should have a waiting area large enough to accommodate the number of candidates scheduled to attempt the examination. The waiting area should have chairs or benches, access to rest rooms and water fountains as well as adequate storage space for examination supplies. Arrangements for meals and other breaks for staff members and candidates is an additional consideration. A secured room must be provided by the

examination coordinator for the State Examination Representative. This room should have enough tables / work area to grade the examinations.

Community facilities with available space may include schools, office buildings, hospitals, fire stations and other structure which will meet the criteria described above.

### C. Selection of the Examination Staff

One of the major considerations in the selection of examination staff members is their enthusiasm and interest in the examination. The examination procedure is demanding and time-consuming. Therefore, without full cooperation from the staff members, it will be difficult to conduct the repeated evaluations necessary for a large group of candidates.

Whenever possible, it is recommended to form a core group or regular examination personnel. This will help promote teamwork and consistency among the examination staff. It has been our experience that the more frequently a group works together, the more smoothly and effectively the examination runs. Probably not all core examination personnel will be available for every examination session. Therefore, there should be backup members who can participate from time to time as relief personnel. These persons should be fully aware of their responsibilities as skill station examiners and asked periodically to relieve regular staff members.

Skill station examiners should be recruited from the local EMS community. You should only consider individuals who are currently certified to the EMS level or above the skill level in which they are evaluating. Careful attention must be paid to avoid possible conflicts of interest, local political disputes or any pre-existing conditions which could bias the potential skill examiner towards a particular individual or group of individuals. **In no instance should the course primary instructor or lead instructor serve as a skill station examiner.** Casual members of the instructor staff may be utilized, if necessary, provided there is no evidence of bias and they do not evaluate any skills for which they served as the instructor.

Every effort should be made to select examiners who are fair, consistent, objective, respectful, reliable and impartial in conduct and evaluation. Examiners should be selected based on their expertise in the skill to be evaluated.

Examiners must understand that there is more than one acceptable way to perform a skill and should not indicate a bias that precludes acceptable methods. All examiners should have experience working with EMT's, teaching or formal evaluation of pre-hospital care.

A **minimum** examination staff should consist of seven (7) skill station examiners, five (5) programmed patients, four (4) EMT assistants for single skill stations. *Four (4) skill station examiners, two (2) programmed patients, and one (1) EMS trained assistants are needed for EMT-BA, Four (4) skill station examiners, two (2) programmed patients, and two (2) EMS trained assistants are needed for FR.* There must be one (1) examination coordinator (preferably the course primary instructor or the designated lead instructor for EMT-BA, the primary instructor for the FR course must administer the practical exam), and one make-up person (for moulage) to conduct the practical examination.

### D. Responsibilities of the Examination Staff

The skills to be tested and the acceptable levels of performance should always be determined with physician medical director input. Physician medical director should be available by telephone, pager, or have a designated physician to serve in his / her absence.

The examination coordinator is responsible for the overall planning, implementation, equipment for the examination process.

Skill station examiners observe candidate performance and complete skill evaluation instruments. With input from programmed patients, they also make an initial evaluation of a candidate's performance. In the interest of fairness and objectivity, instructors should not examine their own students. Examiners must maintain a professional and impartial attitude at all times. This not only creates an environment of fairness to the candidate, it also assists in creating a more realistic atmosphere. Examiners may be selected from a fairly wide range of resources. For example, local physicians, nurses, paramedics, and experienced EMT's provide potential examination staffing.

Assistants should be knowledgeable in the skill that they are assisting. They are required to perform as trained EMS professionals would in an actual field situation. They should follow the direction of the candidate and may not coach the candidate relative to the performance of any skill.

The programmed patient's performance is also extremely important. A lack of uniformity in performance by a programmed patient may cause a variance in the candidate's ability to identify and treat an injury correctly. In addition, an informed programmed patient frequently is able to evaluate certain aspects of a candidate's proficiency not readily observed by the examiner.

Attempts should be made to ensure that programmed patients are experienced EMT's, paramedics and / or other allied health personnel. The advantages of this approach are that prior patient contact enables the programmed patient to re-enact injuries more accurately and to evaluate appropriate or inappropriate behavior / technique by the candidate.

Make-up personnel are responsible for realistically simulating wounds. This realism has a great deal of influence on the candidate's actions during the examination. Virtually any type of wound can be realistically reproduced with make-up by using the right materials, common sense and a little practice.

## **E. Equipment**

The supplies and equipment needed to prepare each of the seven (7) examination stations (*four (4) EMT-BA, FR use the corresponding EMT-B equipment list for the skill being tested*) are listed beginning on page 16. Each examiner will need a watch and a supply of evaluation instruments to score each candidate's performance.

## **F. Budget**

The funds required to conduct an examination will vary. The exact cost will depend on the availability of volunteers to staff the examination and the degree of other community support such as donations of space and supplies. Equipment can usually be borrowed from local rescue agencies or hospitals. Care should be taken **NOT** to remove / use equipment from a certified emergency vehicle for use in the examination process.

## **G. Orienting the Skill Station Examiners as a Group**

An important component in ensure the examination operates smoothly is orienting the skill station examiners to their role and responsibilities during the examination process. In order to ensure the consistent performance of examiners throughout the day, the examiners should be assembled as a group prior to the start of the examination and instructed in the procedures of the examination. The state assigned rep will do this for EMT-B and EMT-BA exams. The course Primary Instructor should be sure that the evaluators are familiar with the examination process for FR exams.

All data relative to a candidate's performance is based upon **OBJECTIVE** recordings and observations of the evaluators. All performances must be reported with the greatest degree of objectivity possible. The skill evaluation sheets have been designed to assist in objective evaluation of the candidates.

**All cell phones, pagers, radios, etc. are to be OFF not on vibrate and NOT USED in the testing areas.**

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching or remedial training. Therefore you are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific performances with anyone other than the state practical skills rep (course Primary Instructor for FR). If an evaluator is unsure of scoring a particular performance, notify then rep as soon as possible. Do not sign or complete any evaluation form if you have any questions at all, until appropriately discussed.

Evaluators will act in a professional manner at all times, paying particular attention to the manner in which candidates are addressed. Evaluators will be consistent, fair and respectful in carrying out their duties as a formal examiner. The safest approach is to limit dialogue to examination-related material only, being careful to the manner in which candidates are addressed as many will interpret remarks as some indication of their performance. Evaluators ask questions for clarification purposes only. For example, if a candidate states "I'd now apply high flow oxygen," the appropriate response might be; "Please explain how you would do that." Do not ask for additional information beyond the scope of the skill, such as having the candidate explain the FiO<sub>2</sub> delivered by the device, contraindications to the use of the device or other knowledge-type information. Evaluators may also have to stimulate a candidate to perform some action. If a candidate states "I'd do a quick assessment of the legs," the evaluator will respond by asking the candidate to actually perform the assessment as he / she would in a field situation.

The evaluators will introduce themselves to each candidate as they are called to the station. No candidate, at any time, is permitted to remain in the testing area while waiting for his / her next station. The evaluator will have a few moments to clearly print the candidate's first and last name on the evaluation form as well as the date and scenario number (if there is one). The evaluator should use a black ink pen and follow good medical-legal documentation practices when completing these forms. They will read aloud the "Instructions to the Candidate" exactly as printed at the end of the essays, NOT adding or detracting from these instructions but may repeat any portion as requested. The instructions must be read to each candidate in the same manner to assure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if asked. If the candidate brings his / her own equipment, the rep must inspect it and the evaluator must be familiar with its use prior to evaluating the candidate.

As the candidate begins the performance the evaluator documents the time started on the evaluation instrument. As the candidate progresses through the station, the evaluator will fill out the evaluation form in the following manner:

- a. Placing the point or points awarded in the appropriate space at the time each item is completed.
- b. Only whole points may be awarded for those steps performed in an acceptable manner.  
**Fractions of a point are not permitted. Whole points or zero points.**
- c. Place a zero in the "Points Awarded" column for any step which was not completed or was performed in an unacceptable manner (inappropriate or non-sequential resulting in excessive and detrimental delay).

All evaluation instruments should be filled out in a manner which prohibits the candidate from directly observing the points awarded or the comments noted. The evaluator should not become distracted by searching for the specific statements on the evaluation instrument instead of observing the candidate's performance. Ideally evaluators will be familiar with these instruments, but if not, they may simply turn the instrument over and concisely record the entire performance on the back side. After the candidate

finishes the performance, they then complete the front side of the evaluation instrument in accordance with the documented performance. Please remember, the most accurate method of fairly evaluating any candidate is one in which attention is devoted entirely to the performance of the candidate.

Evaluators must observe and enforce all time limits for the stations. If the candidate is in the middle of a step he / she is allowed to complete only that step. The candidate should not be allowed to start another step. The evaluator will then place a zero in the "Points Awarded" column for any steps which were not completed within the allotted time.

When the candidate has completed the station make sure he / she returns to the staging area promptly. Candidates are NOT allowed to take any recordings of the station with him / her.

After all points have been awarded, the evaluator must total the points and enter the total in the appropriate space in the evaluation form. They then review all "Critical Criteria" statements printed on the evaluation form and check any that apply to the performance just observed. **Evaluators must factually document, on the reverse side of the evaluation form, rational for checking any "Critical Criteria" statement.** Factually documenting the candidate's **actions** which caused the evaluator to check any of these statements. They may also wish to document, in the same way, each step of the skill in which zero points were awarded. The evaluator also needs to be sure to sign the evaluation instrument in the appropriate space and then prepare the station for the next candidate. Evaluation instruments should only be completed while a candidate is being evaluated and should not be filled out in advanced (date, signature, times etc.) Errors made on a form that makes it unusable will be returned to the state practical rep.

The evaluators are responsible to the security of all evaluation material, instructions, scenarios and all skill sheets. They must return ALL material to the state practical rep before leaving the examination site. If they need to take a break they will secure all evaluation instruments which were issued to them.

When they receive materials for an examination, they may proceed to their station and check the props, equipment and moulage to assure the skill station is prepared for the first candidate. They will then orient any victims and assistants over their roles in the examination. The victims should act as a similar patient would in a field situation and the assistants should perform as trained EMS professionals. Emphasis on the importance of their consistent and professional performance throughout the examination. The evaluator **must** read through the essay and instructions, brief assistants and simulated patients and review the evaluation instrument before evaluating any candidate. The exam will NOT begin until the state practical rep has inspected the station and answered any questions the evaluation team may have.

When the practical has been completed, the evaluators will return the testing materials and CHECK OUT with the rep. The evaluators will NOT leave the site until all needed documentation has been obtained.

## H. Orienting the Candidates as a Group

An important aspect of the examination is the initial meeting and orientation of the candidates. Once all candidates have been registered for the examination, they should be assembled as a group and instructed in the procedure of the examination. The state assigned rep will do this for EMT-B and EMT-BA exams. The course Primary Instructor will speak with the candidates for FR exams. During this period, the candidates should be given clear and complete directions as to what is expected of them during the examination. However, special effort should be made to put the candidates at ease. It is during this period that questions regarding the examinations should be solicited and answered.

During this orientation session, candidates should also be instructed to leave the testing area immediately upon completion of their examination and to not discuss the examination with those candidates waiting to be tested.

For the EMT-B and EMT-BA candidates a formal complaint procedure does exist. Complaints must be initiated with the state practical skills rep before the candidate learns of their results or leave the site if they decide not to receive informal results. They may file a written complaint for only two (2) reasons:

1. The candidate feels they have been discriminated against. Any situation in that can be documented in which they feel an unfair evaluation of their abilities occurred may be considered discriminatory.
2. There was an equipment problem or malfunction in a skill station in which they tested.

If the candidate feels either of these two things occurred, they must contact the rep immediately to initiate the written complaint process. The state examination representative, examination coordinator and if warranted the medical director will review their concerns.

The state practical skills rep is at the site to assure that a fair, objective, and impartial testing process occurs. Any concerns should be brought to the reps attention. The practical skills rep will be visiting skill stations throughout the examination to verify appropriate testing procedures.

**All cell phones, pagers, radios, etc. WILL BE OFF during the examination. Failure to comply will be considered cheating and the candidate will AT A MINIMUM be told to leave the exam site. Candidates may consider NOT even entering the exam site with these items.**

## **I. Orienting the Individual**

Following the group orientation, candidates will wait for directions to report to a specific testing area. Prior to entering these areas, the candidates are greeted by the examiner and read the "Instructions to the Candidate" as they appear at the end of each practical skills essay provided by the examination coordinator. To assure consistency and fairness, these instructions should be read to each candidate exactly as written.

Each candidate should then be questioned as to his / her understanding of the instruction and provided with clarification as required.

**Caution must be used** to avoid lengthy questions or attempts by the candidate to obtain answers to questions which have no bearing on the examination. Examiners should be courteous and professional in all conversations with candidates.

## **Evaluating the Candidate**

### **A. Examiner's Role**

It is stressed again that the examiners must be objective and fair in their scoring. In smaller communities, it may be extremely difficult to avoid the potential problem of instructors examining their own students. This problem may be avoided if communities can join together to conduct the examinations.

### **B. Using the Skill Evaluation Instruments**

The evaluation process consists of the examiner at each station observing the candidate's performance and recording it on a standardized skill evaluation instruments. The examiner's role becomes that of an observer and recorder of events. Skill evaluation instruments have been developed for each of the seven

(7) (four (4) EMT-BA and FR) stations additionally; essays explaining each skill evaluation instrument have been developed to assist the skill station examiner with the appropriate use of the instrument. These essays are listed beginning on page 19 of the manual.

Except to start or stop a candidate's performance, to deliver necessary cues (e.g., "The patient's blood pressure is 100 / 40; pulse is 120 and thready.") or to ask for clarification the examiner should not speak to the candidate during his / her performance. Similarly, the examiner should not react, either positively or negatively, to anything the candidate says or does.

### C. Programmed Patient's Role

The programmed patient is responsible for an accurate and consistent portrayal as the victim in the scenario for the station. The programmed patient's comments concerning the candidate's performance should be noted on the reverse side of the performance skill sheet. These comments should be as brief and as objective as possible so they can be used in the final scoring of the candidate's performance. For more information on the programming of a patient and the use of moulage in the skill station, refer to page 13 of this manual.

## Determining a Final Grade

### A. Scoring

As mentioned earlier, the skill station examiners observe the candidate's performance and record the observations on the skill evaluation instruments. These skill sheets are collected by the examination coordinator and are graded by the Indiana State Examination Representative according to the pass / fail criteria provided by the testing agency.

### B. Reporting Examination Results to the Candidate

The State Examination Representative is responsible for reporting the practical examination results to the individual candidate. The course Primary Instructor will report this information to the FR candidate. At no time should the skill station examiner notify the candidate of practical examination results. Notifying candidates of failing performances prior to completion of the entire practical may have an adverse affect on their performance in subsequent stations. The results of the practical examination should be reported as a pass / fail of the skill station. The candidate should not receive a detailed critique of his / her performance on any skill or a copy of their performance skill sheets. Identifying errors is not only contrary to the principles of this type of examination it could result in the candidate "learning" the examination while still not being competent in the necessary skills. **Remember: This is an examination experience, not a teaching or learning experience.**

The course Primary Instructor for FR courses will send ONLY the candidate reporting forms to the state certification offices. All other skill sheets will be kept on file with the complete training record for the course.

## Assuring Standardization and Quality Control



To be reliable, a practical examination must be conducted according to a uniform set of criteria. These control criteria must be rigidly applied to all aspects of the examination if impartial, objective, and standardized scoring is to be assured.

### **Retest Criteria**

#### **EMT-B**

Failure of three (3) or less skill stations entitles the candidate to a retest of those skills failed. Failure of four (4) or more skill stations constitutes complete failure of the entire practical examination, requiring a retest of the entire practical examination after remedial training. Failure of a same-day retest entitles them to a retest of those skills failed. **This retest must be accomplished at a different date and test site, with a different examiner.** Failure of the retest at the different site constitutes a complete failure of the practical examination, and the candidate will be required to retest the entire practical examination after providing remedial to the Indiana Emergency Medical Services Commission. A candidate is allowed to test a single skill station a maximum of three (3) times before he must retest the entire practical examination. Any retest of the entire practical examination requires the candidate to document remedial training over all skills before re-attempting the examination. Failure to pass all stations by the end of two (2) full examination attempts constitutes a complete failure of the skills testing process. Therefore, they must complete a new EMT-B training program to be eligible for future testing for certification.

NOTE: The candidate have one (1) year from their EMT-B course completion date to successfully complete all phases of the practical examination process.

#### **EMT-BA**

Failure of two (2) or less skill stations entitles the candidate to a retest of those skills failed. Failure of three (3) or more skill stations constitutes complete failure of the entire practical examination, requiring a retest of the entire practical examination after remedial training. Failure of a same-day retest entitles them to a retest of those skills failed. **This retest must be accomplished at a different date and test site, with a different examiner.** Failure of the retest at the different site constitutes a complete failure of the practical examination, and the candidate will be required to retest the entire practical examination after providing remedial to the Indiana Emergency Medical Services Commission. A candidate is allowed to test a single skill station a maximum of three (3) times before he must retest the entire practical examination. Any retest of the entire practical examination requires the candidate to document remedial training over all skills before re-attempting the examination. Failure to pass all stations by the end of two (2) full examination attempts constitutes a complete failure of the skills testing process. Therefore, they must complete a new EMT-BA training program to be eligible for future testing for certification.

NOTE: The candidate have one (1) year from their EMT-BA course completion date to successfully complete all phases of the practical examination process.

#### **FR**

Failure of two (2) or less skill stations entitles the candidate to a retest of those skills failed. Failure of three (3) or more skill stations constitutes complete failure of the entire practical examination, requiring a retest of the entire practical examination after remedial training. Failure of a same-day retest entitles them to a retest of those skills failed. **This retest must be accomplished at a different date and test site, with a different examiner.** Failure of the retest at the different site constitutes a complete failure of the practical examination, and the candidate will be required to retest the entire practical examination after providing remedial to the Indiana Emergency Medical Services Commission. A candidate is allowed to test a single skill station a maximum of three (3) times before he must retest the entire practical examination. Any retest of the entire practical examination requires the candidate to document remedial training over all skills before re-attempting the examination. Failure to pass all stations by the end of two (2) full examination attempts constitutes a complete failure of the skills testing process. Therefore, they must complete a new FR training program to be eligible for future testing for certification.

NOTE: The candidate have one (1) year from their FR course completion date to successfully complete all phases of the practical examination process.

## **Programming the Patient**

Patient programming involves two essential elements: acting and medical input as to the type of injury, type of pain, general reaction and what should and should not be accomplished by the candidate.

It is not necessary to have professional actors as programmed patients. Almost anyone with the proper motivation can do an excellent job. The basic skills are believing and concentration. If the programmed patient really believes in the scenario, it will become believable to others.

Once the programmed patient has received the medical information on the type of injury or illness, he / she should concentrate on how he / she personally reacts to pain. The programmed patient should work with the medical personnel until he / she has fully developed the proper reactions and responses. Medical personnel should always use lay terms in programming the patient, and the patient should always respond in lay terms to any questions from the candidate. After the patient has been fully "programmed," it is essential that he / she stay in character, regardless of what goes on around him / her.

Input from the programmed patient with respect to the way candidates handle him / her is important in the scoring process. This should be strongly emphasized to the programmed patient.

### **Moulage**

Make-up of simulated patients is important if the testing agency is expecting candidates to identify wounds readily. The sample practical examination only requires moulage in the Patient Assessment / Management stations. Although theatrical moulage is ideal, commercially available moulage kits are acceptable in alerting the candidate to the presence of injuries on the simulated patient.

Regardless of the quality of moulage, examiners must communicate with the candidate concerning information on wound presence and appearance. Candidates will need to distinguish between venous and arterial bleeding, paradoxical chest movement, obstruction of the airway and any other injury that a programmed patient cannot realistically simulate. If candidates complain about the quality of moulage, the State Examination Representative will objectively re-examine the quality of the moulage. If the quality of the moulage is deemed to be marginal and does not accurately represent the wound, corrections will need to be made.

Minimum Required  
**EQUIPMENT LIST**

**1. Patient Assessment / Management (Trauma)**

\*Examination Gloves  
 Pen light  
 Blood pressure cuff  
 Stethoscope  
 Moulage  
 Evaluator  
 Patient

*For Basic Advanced also include*

*IV fluids, 1 each: 0.9% NaCl, Lactated ringers, and D5W (you may simulate / relabel)*  
*Assorted sized of IV Catheters*  
*IV tubing, 1 each: microdrip / macrodrip*  
*Tape or veniguard*  
*Alcohol preps / accepted aseptic prep*  
*4X4's*  
*Tourniquet*

**2. Patient Assessment / Management (Medical)**

\*Examination Gloves  
 Pen light  
 Blood pressure cuff  
 Stethoscope  
 Moulage  
 Evaluator  
 Patient

*For Basic Advanced also include*

*IV fluids, 1 each: 0.9% NaCl, Lactated ringers, and D5W ( you may simulate / relabel)*

*Assorted sized of IV Catheters*

*IV tubing, 1 each: microdrip / mactodrip*

*Tape or veniguard*

*Alcohol preps / accepted aseptic prep*

*4X4's*

*Tourniquet*

### 3. Cardiac Arrest Management

\*Examination Gloves

CPR mannequin

\*\*Oxygen tank, regulator and flowmeter

Automated external defibrillator trainer (extra batteries)

Bag-valve-mask device or pocket mask

Simple airway adjunct (OPA / NPA)

\*\*Long spine board

Evaluator

\*\*EMS Trained Assistant

#### Cardiac Arrest Management (continued):

*For Basic Advanced also include*

*Cardiac simulator (extra batteries)*

*Cardiac monitor with manual defibrillator-Hands free pads or paddles. (extra batteries)*

**AED is not acceptable, the candidate MUST be able to adjust the joule setting.**

*IV fluids, 1 each: 0.9% NaCl, Lactated ringers, and D5W (you may simulate / relabel)*

*Assorted sized of IV Catheters*

*IV tubing, 1 each: microdrip / macrodrip*

*Tape or veniguard*

*Alcohol preps / accepted aseptic prep*

*4X4's*

*Tourniquet*

### 4. Non-Visualized Airway

\*Examination Gloves

Oropharyngeal airways (various sizes)

Bag-valve-mask device

Stethoscope

Oxygen tank, regulator and flowmeter

Oxygen connecting tubing

Intubation mannequin (Must be anatomically accurate and able to be ventilated)

Non-visualized airway (need also BACKUP / REPLACEMENT)

Evaluator

\*\*EMS Trained Assistant

### 5. Spinal Immobilization Skills (Seated Patient)

\*Examination Gloves

Short spine immobilization device (short board, KED, etc.)  
 Cervical collars (various sizes or adjustable)  
 Head immobilizer (commercial or improvised)  
 Padding (i.e. towels, cloths)  
 Patient securing straps  
 Roller gauze or cravats  
 Tape  
 Evaluator  
 Patient  
 EMS Trained Assistant

## 6. Spinal Immobilization Skills (Supine Patient)

\*Examination Gloves  
 Long spine immobilization device (i.e. long spine board)  
 Cervical collars (various sizes or adjustable)  
 Head immobilizer (commercial or improvised)  
 Padding (i.e. towels, cloths)  
 Patient securing straps  
 Roller gauze or cravats  
 Tape  
 Evaluator  
 Patient  
 EMS Trained Assistant

## 7. Random Skill Station

\*Examination Gloves  
 Filled oxygen tank, regulator and flowmeter  
 Oxygen connecting tubing  
 Nasal cannula  
 Non-rebreather mask with reservoir  
 Pocket mask with one-way valve  
 Oropharyngeal airways (various sizes)  
 Nasopharyngeal airways (various sizes)  
 Airway lubricant  
 Tongue Blades  
 Intubation mannequin (must be anatomically accurate)  
 Traction Splint and associated equipment  
 Sling and swathe  
 Rigid splinting material (various sizes)  
 Field dressings and bandage  
 Evaluator  
 Patient  
 EMS Trained Assistant (prefer certified EMT)

### ***Intravenous Therapy (For Basic Advanced only)***

*IV fluids, 1 each: 0.9% NaCl, Lactated ringers, and D5W ( you may simulate / relabel)*  
*Assorted sized of IV Catheters*  
*IV arm*  
*IV tubing, 1 each: microdrip / mactodrip*  
*Tape or veniguard*  
*Alcohol preps / accepted aseptic prep*

*4X4's  
Tourniquet  
Evaluator*

\*Exam gloves to be available for each station or in the staging area.

\*\* Preferred item for testing station may be simulated if limited supply.

FR skill stations will use the equipment as indicated for the EMT-B, the EMS trained assistant for the FR will be another FR.

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **PATIENT ASSESSMENT / MANAGEMENT TRAUMA**

This station is designed to test the candidate's ability to integrate patient assessment and intervention skills on a victim with multi-systems trauma. Since this is a scenario based station, it will require some dialogue between the examiner and the candidate. The candidate will be required to physically accomplish all assessment steps listed on the evaluation instrument. However, all interventions should be spoken instead of physically accomplished. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assesses or palpates the patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his / her actions. For example, if the candidate stares at the patient's face, you must ask what he / she is assessing to precisely determine if he / she was checking the eyes, facial injuries or skin color. Any information pertaining to sight, sound, touch, smell, or an injury that can not be realistically moulaged but would be immediately evident in a real patient encounter, must be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient.

This skill station requires the presence of a simulated trauma victim. The victim should be briefed on his / her role in this station as well as how to respond throughout the assessment by the candidate. Additionally, the victim should have read thoroughly the "Instructions to the Simulated Trauma Victim." Trauma moulage should be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive / dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment.

The victim will present with a minimum of an airway, breathing, circulatory problem and one associated injury or wound. The mechanism and location of the injury may vary, as long as the guidelines listed above are followed. It is essential that once a scenario is established for a specific test station, it

remains the same for all candidates being tested at that station. This will ensure consistency of the examination process for all candidates.

Candidates are required to conduct a scene size-up just as they would in a field setting. When asked about the safety of the scene, the examiner must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient care, no points should be awarded for the task "Determines the scene is safe".

An item of some discussion is where to place vital signs within a pre-hospital patient assessment. Obtaining precise agreement among various texts and programs is virtually impossible. Vital signs have been placed in the focused history and physical. This should not be construed as the only place that vital signs may be accomplished. It is merely the earliest point in a pre-hospital assessment that they may be accomplished.

The scenario format of a multi-trauma assessment / management testing station requires the examiner to provide the candidate with essential information throughout the examination process. Since this station uses a simulated patient, the examiner must supply all information pertaining to sight, sound, smell or touch that can not be adequately portrayed with the use of moulage. This information should be given to the candidate **when the area of the patient is exposed or assessed**.

The candidate may direct an EMT assistant to obtain patient vital signs. The examiner must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The examiner must give vital signs that are appropriate for the patient and the treatment that has been rendered. In other words, if a candidate has accomplished correct treatment for the patient based upon the scenario sheet do not offer vital signs that deteriorate the patient's condition.

Due to the scenario format and voiced treatments, a candidate may forget what he / she has already done to the patient. This may result in the candidate attempting to do assessment / intervention steps on the patient that are physically impossible. For example, the candidate may have voiced placement of a cervical collar in the initial assessment and then later, in the detailed physical examination, attempt to evaluate the integrity of the cervical spine. Since this cannot be done without removing the collar, you, as an examiner, should remind the candidate that previous treatment prevents assessing the area. This same situation may occur with splints and bandages.

Each candidate is required to complete a detailed physical examination of the patient. The candidate choosing to transport the victim immediately after the initial assessment must continue the detailed physical examination enroute to the hospital. You should be aware that the candidate may accomplish portions of the detailed physical examination during the rapid trauma assessment. If the candidate fails to assess a body area prior to covering the area with a patient care device, no points should be awarded for the task. However, if a candidate removes the device assesses the area and replaces the device without compromising patient care; full points should be awarded for the specific task.

*Basic Advanced candidates should not delay transport to establish an IV line. This skill can be done in the ambulance while enroute to the hospital. Extended scene time, in excess of ten (10) minutes, must be documented and the appropriate "critical criteria" indicated.*

## **INSTRUCTIONS TO THE SIMULATED TRAUMA VICTIM**

Note: In order to ensure a fair examination environment for each candidate, the simulated victim should be an adult of average height and weight. For example, the use of very small children is discouraged in this station.

The following should be reviewed by the skill station examiner with the person serving as victim.

When serving as a victim for the scenario today make every attempt to be consistent with every candidate in presenting the appropriate symptoms. The level of respiratory distress acted out by you and the degree of presentation of pain at injury sites must be consistent for all candidates. As the candidate progresses with the examination be aware of any period in which he / she touches a simulated injured area. If the scenario indicates that you are to respond with deep painful stimuli and the candidate lightly touches the area, do not respond. Only respond according to the situation as you feel a real victim would in a multiple trauma situation. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to moan that your wrist hurts after you become aware that the candidate has not found that injury. Please remember what areas have been assessed and treated because we may need to discuss the candidate's performance after he / she leaves the room.

The skill station examiner may use information provided by the trained and well coached victim as data in determining the awarding of points for specific steps on the evaluation instrument.

### **INSTRUCTIONS TO THE CANDIDATE** **PATIENT ASSESSMENT / MANAGEMENT TRAUMA**

This station is designed to test your ability to perform a patient assessment of a victim of multi-systems trauma and "voice" treats all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMT's working with you and that they are correctly carrying out the verbal treatments you indicate.

You have (10) ten minutes to complete this skill station.

Do you have any questions?

### **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

#### **PATIENT ASSESSMENT / MANAGEMENT MEDICAL**

This station is designed to test the candidate's ability to use appropriate questioning techniques to assess a patient with a chief complaint of a medical nature and to verbalize appropriate interventions based on the assessment findings. This is a scenario based station and will require extensive dialogue between the examiner and the candidate. A simulated medical patient will answer the questions asked by the candidate based on the scenario being utilized. The candidate will be required to physically accomplish all assessment steps listed on the skill sheet. However, all interventions should be spoken instead of physically accomplished. You must establish a dialogue with the candidate throughout this station. Any information pertaining to sight, sound, touch, or smell that cannot be seen but would be evident immediately in a real patient encounter, must be supplied by the examiner.

The scenario should provide enough information to enable the candidate to form a general impression of the patient's condition. Alert patients should perform as indicated in the scenario. The medical condition of the patient will vary depending upon the scenario utilized in the station. It is essential that once a scenario is established for a specific test station, it remains the same for all candidates being tested at that station. This will ensure consistency of the examination process for all candidates.

This skill station requires the presence of a simulated medical patient. You, or the simulated medical patient, should not alter the patient information provided in the scenario and should provide only the



information that is specifically asked for by the candidate. Information pertaining to vital signs should not be provided until the candidate actually performs the steps necessary to gain such information. In order to verify that the simulated patient is familiar with his / her role during the examination, you should ensure he / she reads the "Instructions to the Simulated Medical Patient" provided at the end of this essay. You should also role play the selected scenario with him / her prior to the first candidate entering the skill station.

The scene size-up should be accomplished once the candidate enters the testing station. Brief questions such as "Is the scene safe?" should be asked by the candidate. When the candidate attempts to determine the nature of the illness, you should respond based on the scenario being utilized, i.e.: Respiratory, Cardiac, Altered Mental Status, Poisoning / Overdose, Environmental Emergency or Obstetrics.

For the purpose of this station, there should be only one patient, no additional help is available and cervical spine stabilization is not indicated. The candidate must verbalize the general impression of the patient after hearing the scenario. The remainder of the possible points relative to the initial assessment and the focused history and physical examination are listed in the individual scenarios.

The point for "Interventions" should be awarded based on the candidate's ability to verbalize appropriate treatment for the medical emergency described in the scenario.

The candidate must assess signs and symptoms during the Focused History by asking appropriate questions. Proposed questions have been listed for seven common responses as a guide. For a candidate to receive the point for Signs and Symptoms, the candidate must ask a minimum of four questions related to the signs and symptoms for patient's chief complaint. The candidate could even provide questions on their own as long as the questions were pertinent and related to the chief complaint of the scenario. You should record the number of pertinent questions the candidate asked on the evaluation form.

Failure to address or ask a single question relating to the signs and symptoms is a Critical Criteria under "Did not ask any questions about the present illness." Awarding a "Zero" in the Signs and Symptoms box but failing to check a Critical Criteria will be presumed that the candidate asked at least one question related to the current illness but failed to ask four or more questions.

Each candidate is required to complete a full patient assessment. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the focused history and physical examination and ongoing assessment enroute to the hospital.

*Basic Advanced candidates should not delay transport to establish and IV line. This skill can be done in the ambulance while enroute to the hospital. Extended scene time, in excess of ten (10) minutes, must be documented and the appropriate "critical criteria" indicated.*

## **INSTRUCTIONS TO THE SIMULATED MEDICAL PATIENT**

Note: In order to ensure a fair examination environment for each candidate, the simulated victim should be of average height and weight for the scenario being used. For example, the use of very small children is discouraged in this station unless the scenario specifically indicates a pediatric patient.

The following should be reviewed by the skill station examiner with the person serving as patient.

The examination today will require you to role play a patient experiencing an acute medical emergency. You should act as an actual patient would in the real situation. You must answer the candidate's questions using only the information contained in the scenario provided to you by the examiner for this station. Do not overact or add signs or symptoms to the scenario provided. It is important that you be very familiar with the scenario and the required patient responses. When serving as a patient for the

scenario today make every attempt to be consistent with every candidate in presenting the appropriate symptoms. The level of responsiveness, anxiety, respiratory distress, etc., acted out by you must be consistent for all candidates. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to say "I am allergic to penicillin" after you become aware that the candidate has not remembered to ask that question during the SAMPLE history. Please remember what questions you have answered and what areas have been assessed because we may need to discuss the candidate's performance after he / she leaves the room.

The skill station examiner may use information provided by the trained and well coached victim as data in determining the awarding of points for specific steps in the evaluation instrument.

## **INSTRUCTIONS TO THE CANDIDATE**

### **PATIENT ASSESSMENT / MANAGEMENT MEDICAL**

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treats all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate.

You have (10) ten minutes to complete this skill station.

Do you have any questions?

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **CARDIAC ARREST MANAGEMENT**

This station is designed to test the candidate's ability to effectively manage a pre-hospital cardiac arrest patient by integrating CPR skills, defibrillation, airway adjuncts, and patient / scene management skills. This includes the integration of people and equipment commonly associated with an ambulance responding to a cardiac arrest scene in a basic / basic advanced life support scenario. The candidate will arrive at the scene and encounter an unresponsive patient. A first responder is arriving at the same time as the candidate. The candidate will be required to make appropriate assessments, utilize an automated external defibrillator (*manual monitor / defibrillator for Basic Advanced*) and correctly manage the patient.

The current American Red Cross and American Heart Association CPR courses instruct students in the techniques of CPR, however, they do not instruct the student in the use and integration of adjunctive equipment, including AED / monitoring and interventions, or how to prepare the patient for transportation as he / she will be required to do in an actual field situation. This station tests the candidate's ability to integrate CPR skills into cardiac arrest scene management and the use of the AED.

The candidate must demonstrate effective history gathering skills by obtaining information about the events leading up to, and during, the event. When gathering the history the candidate must ask, at minimum, the following questions:

How long has the victim been down?

Has CPR been done?

When asked these questions, you should answer that the **“victim has been in cardiac arrest for an unknown amount of time and that bystander CPR has been in progress for greater than two minutes.”**

Although gathering a history on the cardiac arrest event is an assessment item, it should not be construed that it overrides the need for resuscitation. The current standards for CPR should be adhered to at all times during this station. The candidate must assess for the presence of a spontaneous pulse and be informed, by you, that there is no spontaneous pulse. The candidate must direct the resumption of CPR by the assistant EMT or the first responder while he / she prepares the defibrillator / monitor for use. **You should inform the candidate that there is “no pulse” on any pulse check.**

The candidate must direct the EMT assistant and the first responder to initiate two (2) rescuer CPR. The candidate should gather additional information from bystanders about the events leading to the cardiac arrest. When asked questions about the event, you should indicate that **“bystanders did not see the victim collapse and are unaware of any associated medical problems.”**

The candidate must integrate the use of an oropharyngeal airway and ventilation adjunct into CPR scenario that is already in progress. The candidate voices that he / she would measure and insert the oropharyngeal airway. He / she then must ventilate or direct the ventilation of the patient using adjunctive equipment. Interruption of CPR should not exceed 30 seconds for measuring and placing the airway. The candidate may choose to use a pocket mask, flow restricted oxygen powered ventilation device or bag-valve mask device to ventilate the patient.

You should not indicate displeasure with the candidate's choice of ventilation adjunct since this station is testing the candidate's ability to integrate adjunctive equipment in to a cardiac arrest scene and not local protocols or variations in equipment. Regardless of the device chosen, it is essential that the candidate connect it to supplemental high flow oxygen. After establishing ventilation using the adjunctive equipment the candidate then must re-evaluate the patient, determine the absence of a pulse and repeat the defibrillation sequence.

*The Basic Advanced candidate may decide / verbalize initiation of an IV line. The line placement must NOT delay transport of the patient.*

The candidate is required to verbalize appropriate transportation of the patient.

This skill station requires the presence of an EMT assistant (the examiner may act as the EMT assistant), a first responder, and a defibrillation mannequin. Candidates are to be tested individually with the EMT assistant and the first responder acting as an assistant who provides no input in the application of skills or equipment. The EMT assistant and first responder should be told not to speak but to follow the commands of the candidate. Errors of omission or commission by the first responder can not result in failure of the candidate unless they were improperly instructed by the candidate.

Due to the extra individuals involved in this skill station, it is essential that you observe the actions of the candidate at all times. Do not be distracted by the actions of the first responder or the EMT assistant because he should do only as instructed by the candidate. As you observe the candidate ventilating the patient, remember that the ability to ventilate the patient with adequate volumes of air is not being

evaluated. Adequate ventilation of a mannequin is evaluated in the "Non - Visualized Airway". You are evaluating scene / situation control, integration skills, and decision making ability.

### **INSTRUCTIONS TO THE CANDIDATE**

#### **CARDIAC ARREST MANAGEMENT**

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient / scene management skills. There will be an assistant in this station. The assistant will only do as you instruct him / her. You will be dispatched to an unconscious patient at a factory. A first responder will be present and performing CPR. You must immediately establish control of the scene and begin management of the situation. You will have, and be expected to use an automated external defibrillator (*Basic Advance MUST manually set the jules for defibrillation on their monitor*). At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

You have ten (10) minutes to complete this skill station.

Do you have any questions?

### **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

#### **NON - VISUALIZED AIRWAY DEVICE**

This station is designed to test the candidate's ability to effectively initiate and continue ventilation of an apneic patient using a bag-valve-mask device and properly inserting a non visualized airway. The candidate will enter the station and find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The candidate must immediately open the patient's airway and initiate ventilation using an appropriate device.

To successfully complete this station, the candidate must initiate high-flow oxygen during the scenario. If the candidate chooses to initially attach high flow oxygen before beginning their first ventilation, the

candidate should not be penalized unless that action delays the initial ventilation for greater than 30 seconds, which would be a Critical Criteria.

When ventilating, the candidate must provide a minimum breath to make the chest rise and fall adequately. This should equal the current standards established for appropriate rescue breathing volumes during basic and advanced life support. This may be validated by observing the rise and fall of the chest during ventilation. If unable to observe rise and fall of the chest on your mannequin please see sight coordinator for assistance.

As the candidate enters the station they are required to immediately open the patient's airway and ventilate the patient using a bag-valve-mask device. If the candidate begins ventilation using a mouth-to-mouth technique, you should advise the candidate that he is required to use a bag-valve-mask device for all ventilations in this station. After the candidate completes the initial 30 seconds of ventilations, you should advise him that the patient is being ventilated properly. Once proper ventilation with supplemental oxygen has been performed, inform the candidate that medical control has ordered you to insert a non visualized airway and continue proper ventilations.

### **ALTERNATIVE SCENARIOS FOR NVA**

**Option #1** "If a single tube non-visualized airway is used for testing, then there should be successful ventilations when the device is properly placed. If a combitube is used for testing, the Site Coordinator and the State Representative with the station evaluator should decide whether the initial combitube placement is esophageal (resulting in successful ventilations with the first or blue tube) or tracheal (resulting in the need to use the second or white tube). This decision should be reached prior to testing the first candidate and all candidates should be tested accordingly."

**Option #2** "If a single tube non-visualized airway is used for testing, then there should be successful ventilations when the device is properly places. If the combitube is used for testing, then the testing should be conducted as below:

Even numbered test date:	The initial combitube placement is esophageal (resulting in successful ventilations with the first or blue tube).
Odd numbered test date:	The initial combitube placement is tracheal (resulting in the need to use the second or white tube) for successful breath sounds and absent epigastric sounds.

### **INSTRUCTIONS TO THE CANDIDATE**

#### **NON - VISUALIZED AIRWAY**

This station is designed to test your ability to ventilate a patient using a bag-valve-mask, and inserting a non visualized airway. As you enter the station you will find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The only patient management required is complete airway management and ventilatory support with the bag-valve-mask, and the proper insertion of the non visualized airway, after directed to do so by medical control. You must initially ventilate the patient for a minimum of 30 seconds. You will be evaluated on the

appropriateness of ventilator volumes. I will then inform you that a second rescuer has arrived to assist you with ventilations. Medical control will then advise you to provide the patient with a secured airway by using the non visualized airway. You may use only the equipment available in this room.

You will have ten (10) minutes to complete this station.

Do you have any questions?

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **SPINAL IMMOBILIZATION - SEATED PATIENT**

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a short spine immobilization device. The candidate will be advised that the scene size-up, initial assessment and focused assessment have been completed and no condition requiring further resuscitation or urgent transportation are present. The patient will present seated in an armless chair,

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sitting upright with his / her back loosely touching the back of the chair. The position of the patient should be identical for all candidates.

The candidate will be required to treat the specific, isolated, problem of an unstable spine. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required in this testing station. The candidate will be required to check motor, sensory and circulatory function in each extremity at the proper times throughout this station. Once the candidate has immobilized the seated victim to the half spine device, ask the candidate to explain all key steps he / she would complete while moving the patient to the long backboard. The candidate may check motor, sensory and circulatory function at anytime during the procedure without a loss of points. However, in order to avoid the Critical Criteria, the candidate must check motor, sensory, and circulatory function both before and after immobilization to the device."

If he / she fails to check motor, sensory or circulatory function in all extremities after (verbalizing that the patient is moved to a long backboard), a zero should be placed in the "points awarded" column for that items.

The skill station instrument was designed to be generic so it could be utilized to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe various orders in which straps and buckles are to be applied when securing the torso to the immobilization devices. This station is not designed to specifically test each individual device but to "generically" verify a candidate's competence in safely and effectively securing a suspected unstable spine in a seated patient.

Therefore, while the specific order of placing and securing straps and buckles is not critical, **it is imperative that the patient's head be secured to the half-spine immobilization device only after the device has been secured to the torso. The chest, abdomen, and leg straps must be secured to secure the torso.** This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device used.

A trained EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example; if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately, inform the candidate that this action will not affect his / her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the simulated patient.

This skill station requires the presence of a simulated victim. The victim should be briefed on his / her role in this station and act as a calm patient would if this were a real situation. The victim should be an adult of average height and weight. You may use comments from the simulated victim about spinal movement and overall care to assist you with the evaluation process after the candidate completes his / her performance and exits the testing station.

**INSTRUCTIONS TO THE CANDIDATE****SPINAL IMMOBILIZATION SKILLS - SEATED PATIENT**

This station is designed to test your ability to provide spinal immobilization on a patient using a half spine immobilization device. You and an EMT assistant arrive on the scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. Transferring and immobilizing the patient to the long backboard should be accomplished verbally.

You have (10) ten minutes to complete this skill station.

Do you have any questions?

**INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER****SPINAL IMMOBILIZATION-SUPINE PATIENT**



This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a long spine immobilization device. The candidate will be informed that a scene size-up, initial assessment and focused assessment have been completed and no condition requiring further resuscitation exists. The patient will present lying on his / her back, arms straight down at his / her side, with feet together. The position of the patient should be identical for all candidates.

The candidate will be required to treat the specific, isolated problem of an unstable spine. Initial and ongoing assessment of airway, breathing, and circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in each extremity at the proper times throughout this station. If the candidate fails to check motor, sensory and circulatory function, a zero should be placed in the points awarded column for those items.

The candidate must, with the help of an EMT assistant and the evaluator, move the patient from the ground onto a long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device, (i.e. logroll, straddle slide, direct patient lift). You should not advocate one method over any others. All methods should be considered acceptable as long as spinal integrity is not compromised. **Regardless of the method used, the EMT assistant should control the head and cervical spine while the candidate and evaluator move the patient on the direction of the candidate.**

**Immobilization of the lower spine / pelvis in line with the torso is required. Further, the chest, abdomen, and leg straps must be secured to have secured the torso. The torso must be secured before securing the patient's head to the board / device.** Lateral movement of the legs will cause angulation of the lower spine and should be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine.

A trained EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately, inform the candidate that this action will not affect his / her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure which would actually injure the simulated patient.

This skill station requires the presence of a simulated victim. The victim should be briefed on his / her role in this station and act as a calm patient would if this were a real situation. The victim should be an adult of average height and weight. You may use comments from the simulated victim about spinal movement and overall care to assist you with the evaluation process after the candidate completes their performance and exits the testing station.

## **INSTRUCTIONS TO THE CANDIDATE**

**SPINAL IMMOBILIZATION-SUPINE PATIENT**

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant EMT has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant EMT should control the head and cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for proper direction of the EMT assistant. You may use any equipment available in this room.

You have ten (10) minutes to complete this skill station.

Do you have any questions?

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **SPLINTING SKILLS**

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize specific musculoskeletal injuries. This station will be tested as three separate skills. Each candidate will be required to splint a long bone injury using a rigid splint, a shoulder injury using a sling and swathe, or a mid-shaft femur deformity using a traction splint.

#### **IMMOBILIZATION SKILL - LONG BONE**

The candidate is tested on his / her ability to properly immobilize a swollen, deformed extremity using a rigid splint. The candidate will be advised that a scene size-up and initial assessment have been completed on the victim and that during the focused assessment a deformity of a long bone was detected. The victim will present with a non-angulated, closed, long bone injury of the upper or lower extremity - specifically an injury of the radius, ulna, tibia, or fibula. You may choose the extremity however it should be consistent throughout the testing procedure.

The candidate will then be required to treat the specific, isolated extremity injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is not permitted and these splints should not be available for use.

The candidate is required to "secure entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone injuries of the upper extremity may be secured by tying the extremity to the torso after a splint is applied. Long bone injuries of the lower extremity may be secured by placing the victim properly on a long spine board or applying a rigid long board splint between the victim's legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly.

When splinting the extremity, the candidate is required to immobilize the associated hand or foot in the position of function.

### **INSTRUCTIONS TO THE CANDIDATE**

#### **IMMOBILIZATION SKILLS - LONG BONE**

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the \_\_\_\_\_ (radius, ulna, tibia, fibula) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room.

You have (5) five minutes to complete this skill station.

Do you have any questions?

**INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER****SPLINTING SKILLS**

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize specific musculoskeletal injuries. This station will be tested as three separate skills. Each candidate will be required to splint a long bone injury using a rigid splint, a shoulder injury using a sling and swathe, or a mid-shaft femur deformity using a traction splint.

**IMMOBILIZATION SKILLS - JOINT INJURY**

The candidate is tested on his / her ability to properly immobilize a shoulder injury using a sling and swathe. The candidate will be advised that a scene size-up and initial assessment have been completed and that during the focused assessment a shoulder injury is detected. The victim will present with the upper arm positioned at his side while supporting the lower arm at a 90 degree angle across his / her chest with the uninjured hand. For this station, the injured arm should not be positioned away from the body, behind the body, or any position that could not be immobilized by a simple sling and swathe.

The candidate will be required to treat only the specific, isolated shoulder injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available at this station is a sling and swathe. Any other splint, including a long spine board, is not permitted at this station.

**INSTRUCTIONS TO THE CANDIDATE****IMMOBILIZATION SKILLS - JOINT INJURY**

This station is designed to test your ability to properly immobilize a non-complicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a shoulder injury was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room.

You have (5) five minutes to complete this skill station.

Do you have any questions?

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **SPLINTING SKILLS**

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize specific musculoskeletal injuries. This station will be tested as three separate skills. Each candidate will be required to splint a long bone injury using a rigid splint, a shoulder injury using a sling and swathe, or a mid-shaft femur deformity using a traction splint.

### **IMMOBILIZATION SKILLS - TRACTION SPLINT**

The candidate is tested on his / her ability to properly immobilize a mid-shaft femur injury using a traction splint. The candidate will be advised that a scene size-up and initial assessment has been completed and that during a focused assessment a mid-shaft femur injury was detected. The victim will present with a closed, non-angulated, mid-shaft femur injury. The victim will be found laying supine with both legs fully extended. The femur deformity should be an isolated injury with no complicating factors that would concern or distract the candidate.

The candidate will be required to treat only the specific, isolated femur injury. Initial and ongoing assessment of the patient's airway breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process.

There should be various types of traction splints at this testing station--specifically traction splints commonly used in the local EMS system, a bipolar traction splint, and a unipolar traction splint. Carefully note the comments listed on the evaluation form for unipolar versus bipolar splint application.

This skill requires that an assistant EMT be present during testing. Candidates are to be tested individually. All assisting EMT's should be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted. At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

## **INSTRUCTIONS TO THE CANDIDATE**

### **IMMOBILIZATION SKILLS - TRACTION SPLINTING**

This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when directed to do so. You are required to treat only the specific, isolated injury to the femur. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a mid-shaft femur deformity was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room.

You have (10) ten minutes to complete this skill station.

Do you have any questions?

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **BLEEDING CONTROL / SHOCK MANAGEMENT**

This station is designed to test the candidate's ability to treat a life threatening hemorrhage and subsequent hypoperfusion. This station will be scenario based and will require some dialogue between you and the candidate. The candidate will be required to properly treat a life threatening hemorrhage.

The victim will present with an arterial bleed from a severe laceration of the extremity. You will prompt the actions of the candidate at predetermined intervals as indicated on the skill sheet. The candidate will be required to provide the appropriate intervention at each interval when the patient's condition changes. It is essential, due to the purpose of this station, that the patient's condition not deteriorate to a point where CPR would be initiated. This station is not designed to test CPR.

The equipment and supplies needed at this station include field dressings and bandages, a blanket, an oxygen delivery system (may be a mock-up) and a non-rebreather mask.

Due to the scenario format of this station, you are required to prompt the candidate at various times during the exam. When the bleeding is initially managed with a pressure dressing and bandage, you should inform the candidate that the wound is still bleeding. If the candidate places a second pressure dressing over the first, you should again inform him / her that the wound continues to bleed. After the candidate uses an appropriate arterial pressure point to control the hemorrhage, you should inform him / her that the bleeding is controlled. Once the bleeding is controlled, you should indicate to the candidate that the victim is in a hypoperfused state by indicating signs and symptoms appropriate for this level of shock (example: cool clammy skin, restlessness, BP 110 / 80, P 118, R 30).

Controversy exists in the national EMS community concerning the removal of dressings by EMT's when controlling hemorrhage. This station does not require the EMT to remove any dressing once applied. If the candidate chooses to remove the initial dressing to apply direct finger tip pressure, you should award the point for "**applies an additional dressing to the wound**" since this is an acceptable alternative method to control bleeding when the application of an initial pressure dressing fails to stop the flow of blood.

This skill station requires the presence of a simulated victim. The victim may be an appropriate mannequin or a live person. If used, the mannequin must be a hard shell and anatomically accurate.

## **INSTRUCTIONS TO THE CANDIDATE**

### **BLEEDING CONTROL / SHOCK MANAGEMENT**

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room.

You have (10) ten minutes to complete this skill station.

Do you have any questions?

You respond to a stabbing and find a 25 year old male victim. Upon examination you find a two (2) inch stab wound to the inside of the right arm at the anterior elbow crease (antecubital fascia). Bright red blood is spurting from the wound. The scene is safe and the patient is responsive and alert. His airway is open and he is breathing adequately.

Do you have any questions?

### **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

#### **AIRWAY, OXYGEN, VENTILATION SKILLS, UPPER AIRWAY ADJUNCTS AND SUCTION**

This station is designed to test the candidate's ability to properly measure and insert an oropharyngeal airway, a nasopharyngeal airway and properly suction a patient's airway. This station is comprised of three separate skills. The candidate will be required to measure, insert, and remove an oropharyngeal and a nasopharyngeal airway as well suction the patient's upper airway.

The oropharyngeal airway, nasopharyngeal airway and suction are in one skill station for scoring purposes only. It should not be inferred, nor are we implying, that there is a sequential connection between the three skills. You should not test these as sequential skills but as three distinct, isolated skills.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from text to text, i.e. - 90 degree rotation, 180 degree rotation, direct insertion. Since concern for spinal immobilization is not required at this station, the ultimate criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not pushed posteriorly.

The equipment needed at this station includes various sizes of oropharyngeal and nasopharyngeal airways and a suction device (manual or battery operated device). Additionally, this station requires the presence of a mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway. The mannequin may be an intubation head; however it should be life size and have anatomically correct airway structures.

Once the candidate has the oropharyngeal airway in place, you should advise the candidate that the patient is gagging. If the candidate fails to immediately remove the oropharyngeal airway, place a zero in the "points awarded" column. Once the candidate has finished the procedure for oropharyngeal airway insertion and removal, you should direct him / her to demonstrate the proper procedure for suctioning a patient's upper airway. Finally the candidate should be instructed to insert a nasopharyngeal airway into the mannequin.

### **INSTRUCTIONS TO THE CANDIDATE**

#### **AIRWAY, OXYGEN, VENTILATION SKILLS, UPPER AIRWAY ADJUNCTS AND SUCTION**

This station is designed to test your ability to properly measure, insert and remove an oropharyngeal and a nasopharyngeal airway as well as suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room.

You have five (5) minutes to complete this station.

Do you have any questions?

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **AIRWAY, OXYGEN, VENTILATION SKILLS, MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN**

This station is designed to test the candidate's ability to effectively ventilate a patient using a mouth-to-mask technique. This station is testing an isolated skill. The candidate will be advised that the patient is being ventilated, mouth-to-barrier, by a first responder. Upon entering the skill station, the candidate will be required to connect the mask to oxygen and ventilate the patient using a mouth-to-mask technique. The candidate may assume that the patient has a central pulse and that the only patient management required is ventilation with high concentration of oxygen.

When ventilating the patient the candidate must provide adequate volume per breath, this should produce visible rise and fall of the chest. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support.

This station requires a mannequin that is capable of being ventilated so that the evaluator can observe the chest rise and fall with each ventilation. The mannequin must be life size, possess anatomically correct airway structures, and meet the criteria listed above. The mannequin may be an intubation head; however, it should be life size and have anatomically correct airway structures. Additionally, this station requires a ventilator mask with a one way valve and oxygen connecting tubing. The supplemental oxygen system should be functional; however, for testing purposes, an empty tank may be used as long as all accessory equipment and supplies necessary for a functional oxygen system are present.

Due to the nature of this station, infection control measures must be enforced.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. If you observe one ventilation error or less in 30 seconds (volume only) you should award one (1) point. No points should be awarded if you observe two or more ventilation errors in 30 seconds.

## **INSTRUCTIONS TO THE CANDIDATE**

### **AIRWAY, OXYGEN, VENTILATION SKILLS, MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN**

This station is designed to test your ability to ventilate a patient with supplemental oxygen using a mouth-to-mask technique. This is an isolated skills test. You may assume that mouth-to-barrier device ventilation is in progress and that the patient has a central pulse. The only patient management required is ventilator support using a mouth-to-mask technique with supplemental oxygen. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room.

You have five (5) minutes to complete this station.



Do you have any questions?

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **OXYGEN ADMINISTRATION**

This station is designed to test the candidate's ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. The candidate will be required to assemble the oxygen delivery system. During this procedure, the candidate must check the tank / regulator for leaks. If a leak is found and not corrected, you should record a '0' in the points awarded column, and check the critical criteria.

The candidate should administer correct oxygen liter flow to a patient using a non-rebreather mask. The candidate will be informed that the patient does not tolerate a non-rebreather mask and will be instructed to administer oxygen using a nasal cannula.

Oxygen liter flow rates are normally established according to the patient history and patient condition. Since this is an isolated skills test, liter flow rates of greater than 12 liters / minute for the non-rebreather and less than six (6) liters / minute for the nasal cannula are acceptable.

The candidate will be required to discontinue oxygen therapy including relieving all pressure from the oxygen tank regulator.

The equipment need at this station includes an oxygen tank, a regulator with a flow meter, a non-rebreather mask, and a nasal cannula. The oxygen tank at this station must be fully pressurized (air or oxygen) and the regulator / flow meter must be functional. The simulated patient for this station may be a live person or mannequin. If a mannequin is used it must have anatomically correct ears, nose and mouth.

## **INSTRUCTIONS TO THE CANDIDATE**

### **OXYGEN ADMINISTRATION**

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient can not tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room.

You have five (5) minutes to complete this station.

Do you have any questions?

### **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

#### **INTRAVENOUS THERAPY**

The candidate is tested on his / her ability to properly initiate a patient and properly adjusted IV. The candidate will be advised that a scene size-up and initial assessment have been completed and that during the focused assessment the need for an IV has been determined.

The candidate will be required to initiate and properly adjust the IV. Initial and ongoing assessment of the patient's airway, breathing, and central circulation are not required at this testing station.

**The candidate must verbalize or demonstrate correct body substance isolation procedures, appropriate infection control precautions, and appropriate needle disposal.**

### **INSTRUCTIONS TO THE CANDIDATE**

#### **INTRAVENOUS THERAPY**

This station is designed to test your ability to properly initiate a patient and properly adjusted IV. The scene size-up and initial assessment have been accomplished on the patient and during the focused assessment the need for an IV has been determined. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room.

You have six (6) minutes to complete this skill station.

Do you have any questions?